2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	1000
Caroline MARYLAND	Ma	Carring
OR give nearest town (in this place) TOWN CAR (In other place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e neares town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	4
3. NAME OF DECEASED (Type or Print) (First) (Middle)	(Lest) 4. DATE (Month) OF DEATH (MAL	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify Local Courts)	Lear, 4, 1889 62 yrs.	year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY		COUNTRY OF WHAT
13. FATHER'S NAME (I Clian Tunknown)	14. MOTHER'S MAIDEN NAME Collens	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? T6. SOCIAL SECURITY No. (Yes, no, or unknown) - (If yes, give war or dates of service)	aportle reques 124 Perus	7. Chester
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONEET AND DEATH
Immediate cause (a) Coronary	occlusion	20 anns
4201/ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	artena relunio	several years
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	is unt partial anthyloris of leners.	agenorhore
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	0	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 124 27	, 19 , to april 17 195 , that I last se	w the deceased
alive on	ADDRESS and on the date sta	ated above. A DATE SIGNED
Hauf hurths ma	Deuton . afine	21 1951.
RESOLVAL (Stelly) Copr. 22, 1951 St. Vaulo	RY OR CREMATORY LOCATION (Cky, town, or count) (State)
DATE REC'D BY LOCAL NEGISTRAR'S SIGNATURE REG. 4/22/5 () DE D JASSEL	FUNERAL DIRECTOR Proved For De	ADDRESS hid
		720826

BUREAU V. S.

CERTIFICATE OF DEATH

eg. Dist. No. 64

1. PLACE OF DEATH COUNTY	roline		II CTATE	(HOME) OF DECEASED.	TV
Cal		MARYLAND	"ary Lar		
OR give nearest town	rporate limits, write RUR.	AL and LENGTH OF STAY 31 (in this place)		mte limite, write RURAL and peralsburg	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRES	s Academy A	venue	STREET ADDRESS ACAG	(If rural, give location) demy Avenue	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Paul	Clifford	Cantner	DEATH April	12 1951
Male	White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) MATTIEU	Sept. 15,1891	9. AGE last birthday If under Month	or I year If under 24 hr Days Hours Min
done during most of wo	TION (Givo kind of work prking life, even if retired)	10b. Kind of Business on Industry Drug Store	Greencastle,	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	n C. Cantner		Ida B. Witmen	NAME	
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
NO NO	(If yes, give war or dates of service)	219-10-5657	Mrs. Paul C.	Cantner, Federals	burg. Md.
		18. MEDICAL CE			1
L DISEASES OR COL	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
	TOTAL DATE OF THE PARTY OF THE		. \AA		ONSET AND DEATE
Immediate	cause (a)	Chan!	- Mygoda	(d())	141-
22. Antecedent	onditions, if any, (b)	generaliz	al arterio	schosei	Sur.
3 & giving rise to stating the un	the above cause derlying cause last				1
	CANT CONDITIONS ing to the death but not or condition causing deati	h.			
19a. DATE OF OPER	ATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUNT)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC		
				10 01	
22. I hereby certif	y that I attended the	deceased from Oct	1, 1947, to	, 1921, that I last	saw the deceased
alive on Cha	12 1951, and	d that death occurred at (Degree or title)	10:45 am., from the	causes and on the date s	stated above.
A GARATURS	6 0			aryland April	
23. BURIAL, CREMA	TION DATE THEREO	F I NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or cou	119 1001
REMOVAL (Specif	April 14.	1951 Hill Crest	Cemetery	Federalsburg, Ma	ryland (State)
DATE REC'D BY L		SIGNATURE	24. FUNERAL DIRECTO	OR	ADDRESS
	13.5 1-01	amtom	I.T. Framptom a	and Son, Federals	burg, Ma.

PKEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



VITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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1) A	WV-C	1
	SE	23 BURIAL, ORE REMOVAL (Sp	
A12	E	DATE REC'D B	Y
0	2	REG. 4/19	7

Atems 8. 9 on:	2411 N. Charles	Street, Baltimore	UL	100
FILM No. G 132 MAY 14 1051	CERTIFICAT	TE OF DEATH	Reg. Dist. N	0
i. PLACE OF DEATH.	MARYLAND	2. USUAL RESIDENCE (HON	ME) OF DECEASED.	
CITY (If outside corporate limits, write RURA OR give nearest town)	L and LENGTH OF STAY (ip this place)	CITY (If out of corporate I OR TOWN		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	-	STREET CORRESS 95	(If rural, give location)	
3. NAME OF DECEASED (First) (Type or Print)	Secuelle.	Loever	DEATH	(Day) (Year)
6. SEX A, 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spermentable)	10/6/421907V	Yrs.	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME:	10b. Kind of Business or Industry	maryou	ed 1	2. WIZEN OF MAT
Elisale 2	16. SOCIAL SECURITY NO.	Mary Da	sley	
15. WAS DECRASED EVER LYU.S. ARMED FORCES? (Yes, no, or unknown) (10/yes, give war or dates of service)		77. INFORMACE AND AD	Dolong Le	usboud
I. DISEASES OR CONDITIONS DIRECTLY I	18. MEDICAL CE EADING TO DEATH	RTIFICATION		INTERVAL BETWEEN
Immediate cause (a)	erebra?	Hemorrho	ge	4.10.51da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Aperteus	ion		
(c)	,			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				
19a. DATE OF OPERATION 19b. MAJOR FI	INDINGS OF OPERATION			Yes No
SUICIDE OF INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOW	N) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m,	INJURY OCCURRED While at Not While Work A work	HOW DID INJURY OCCUR	:?	•
22. I hereby corfffy that I attended the	deceased ID. 10	1951, apr. 16	, 1957, that I last s	aw the deceased
alive on 195/, and signature	that death occurred at	DMm., from the cau	ises and on the date st	Ated above. DATE SIGNED
23 BURIAL OREMATION DATE THEREO	NAME OF CEMETE	RY OR CREMATORY I LOCA	ATION (City, town, or coun	(State)
DATE REC'D BY LOCAL REGISTRAR'S S	-5/ String	A. FUNDRAL DIRECTOR	lectoup	Turk ADERESS
REC . 1 /10/1-1 10/	011	110 10 11 11		

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

/					
I. PLACE OF DEAT COUNTY			CALT VIE	(HOME) OF DECEASED.	v
	roline	MARYLAND	Maryland	d Caroline	
OR give near TOWN	reston - Rural	AL and LENGTH OF STAY 1 (in this place)	CITY (If outside corpo	mte limite, write RURAL and gi- ralsburg - Rural	ve nearest town)
HOSPITAL OR			STREET	(If rural, give location)	
INSTITUTION O STREET ADDRE	R Near Harmo	ny	ADDRESS H	ouston Branch Road	1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Grace	F.	Framptom	DEATH April	14 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	S. DATE OF BIRTH	9. AGE last birthday If under	
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	July 25, 1884	66 Months	Days Hours Min.
done during most of the Honsewood	ATION (Give kind of work working life, even if retired)	INDUSTRY HOME	11. BIRTHPLACE (State Caroline Coun	or foreign country) tv. Maryland	COUNTAY?
13. FATHER'S NAM		22020	14. MOTHER'S MAIDEN	• /	
	7 Fearins		Mary Elizabe		
(Yes no or unknown)	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
No	(If yes, give war or dates of service)	" 218-20-7051	Charles H. Fee	arins, Preston, Mo	R.F.D.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATE
		a. sieron	in of the bre	11	11/10 7
Immediat	e cause (a)	xarumon	ca ej am o a		14 monda
1 May / Autorida	-A(-)				
	nt cause(s) conditions, if any, (b)				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
giving rise t	o the shove cause	#3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$) filiminum narrer per a per culta a per pet a veca consumpting o cocce e cocc	. ** 00 00 00 10 10 10 10 10 10 10 10 10 10
50 stating the u	inderlying cause last				
	(c)				li .
Conditions contribu	CANT CONDITIONS uting to the death but not use or condition causing deat	h.			2000
		INDINGS OF OPERATION			1 20. AUTOPSY?
					0.0
21. ACCIDENT	(Cif-x) DI 44	TE /H - f - f - f - f - f - f - f - f - f -	(CLEAN OR		Yes No
SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
				1.1	
	,	/		195, that I last s	
alive on W	ul 13 195 an	d that death occurred at	12:45 am from the	causes and on the date st	ated above
SIGNATURE		(Degree or title)	ADDRESS	causes and on the date st	DATE SIGNED
	A III. IT	7/1 60	D. T W.1	2/1/ -	= 1
6	seu / miles	70110	Verum in	you is	190/
23. BURIAL, CREM REMOVAL (Spec Burial	ATION DATE THEREO (April 16,			LOCATION (City, fown, or count Federalsburg, Mar	
DATE REC'D BY			24. FUNERAL DIRECTO	OR	ADDRESS
REG. 1/ /2	51 Comelia	D. Blummer	T T Fremmtom	and Son, Federalsbu	
- min of	- UVALUE	NIIMMININ	1 9 to trempoon c	He Doll & Local Grana	-61



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3591

CERTIFICATE OF DEATH Reg. Dist. No ... 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE Maryland countyCaroline Caroline MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) Greensboro 58 Yrs Greensboro TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS None None 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED 12 51, Elizabeth Harris Elma (Type or Print) DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE, OF BIRTH 9. AGE last hirthday | If under 1 year | If under 24 hrs. WIDOWED, DIVORGED, (Specify) 1 d O W C Q 3/ 1893 Months | Days | Hours | Min. White 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even If retired)
Housewife INDUSTRY COUNTRY? A Felton. Delaware lone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carline Slaughter John Rickards 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no or unknown) | (If yes, give war or dates of 213-22-8495 Harris Greensboro. Md. Russell service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF 20. AUTOPSY? Yes I No [21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) OF office hldg., etc.) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from the last saw the deceased DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BEMOVAL (Specify) Greensboro Greensboro DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAD DIRECTOR ADDRESS

APR 20 100 MUMAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3592

1. PLACE OF DESTH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate liprits, write RURAL and LENGTH OF STAY (in the place)	CITY (If outside coremate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If fural, give location)
3. NAME OF (First) (Middle) (Composition of the Composition of the Com	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Chry 2 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWELD, DIVORCED, (Specify)	Oug 20, 1905 45 yrs. Months Days If under 24 hr
10a. USIJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. HIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME LOW Hollman	14. MOTHER'S MAIDEN NAME
16. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)	17. INEORMANT AND ANDRESS Hollman Fridge
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
A. A.	IL DO NO NO
Immediate cause (a) Dues Olut wound	Minigh head-Shoek-Nemorthog puller
176X Antondont cours (a)	
Antecedent cause(s) Diseases or conditions, if any, (b)	
6 4 c giving rise to the above cause stating the underlying cause last	4 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
the diverging cause issue	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 00 AVENODOUS
The state of the s	20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING [] OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
INJURY 4 2 1951 90 %. While at work at work	Jun shot wound - self inflested
22. I certify that I took charge of the remains described above held an i	Autoney Investion of Inquiry thereon and from the wide
obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy , Inspection , Inquiry thereon and from the evidence cosed died on the dry stated obove, and death in my opinion resulted
from: naturol causes , accident , suicide , homicide ,	undetermined .
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
HUMEN In lease britis makes ?	manes Duter Mo 4/4/57
	RY OR CREMATORY LOCATION (City town, or county) / (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
yr. 5, 19511 Mary 6. haird	I want home them 1 pulos
	0 0
V	290859



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VS. A15A /

The correct age

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

/						
1. PLACE OF DEAT	н.		2. USUAL RESIDENCE (F			
COUNTY	roline	MARYLAND	STATE Maryla		Carollin	
CITY (If outside of OR give negres	corporate ilmita, write RUR	AL and LENGTH OF STAY	CITY (If outside corpora	te limits, write RU	RAL and giv	e nearest town)
TOWN TOWN	nton - Rural	13 years	TOWN Dento	n - Rural		
HOSPITAL OR	D		STREET	(If rurai, giv	e location)	
INSTITUTION O STREET ADDRE	ess Denton - Ri	dgely Road	ADDRESS			
3. NAME OF	(First)	(Middie)	(Last)		(Month)	(Day) (Year)
DECEASED (Type or Print)	Elmer	William	Jackson	OF DEATH	April	5 151
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthd	ay If under	year If under 24 hrs.
Male	Colored	WIDOWED, DIVORCED, (Specify) Married	Jan. 27, 1922	29 yr	s. Months	Days Hours Min.
	PATION (Give kind of work		11. BIRTHPLACE (State o		1 12	CITIZEN OF WHAT
Farm La		INDUSTRY Farm	Talbot County,	Maryland	l U	COUNTRY?
13. FATHER'S NAM	ME		14. MOTHER'S MAIDEN	NAME		
William	E. Jackson		Hattie Gre	en		
15. WAS DECRASED E	EVER IN U.S. ARMED FORCES		17. INFORMANT	D .	362	2 = 2
No	aervice)	or 219-14-3114	Myrtle G. Jack	son, pento	n, Md.,	R.F.D.
		18. MEDICAL CE	RTIFICATION			1 7
1. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH 7				INTERVAL BETWEEN ONSET AND DEATE
		110. 7. M.		_		1 /
ILLL Immedia	te cause (a)	muc /my	scardely			
7771 Antecede	ent cause(s)	71 6 11				1
O m Diseases nr	conditions, if any, (b)	Hy Res Gu	secre	PRESTREE T	*********************	
7500 giving rise t	to the above cause underlying cause last	'//				
	(c)					
	TCANT CONDITIONS					
related to the dise	outling in the death but not use or condition causing dea	th.				
		FINDINGS OF OPERATION			MITTER .	20. AUTOPSY?
						Yes No
21. EXTERNAL CA	ONTRIBUTING OF	CE (Home, farm, factory, street,	(CITY OR 7	OWN)	(COUNTY)	(STATE)
PRIMARY OR C CAUSE OF DEAT	H. INJ	office bldg., etc.) URY				
TIME (Month)	(Day) (Year) (Hour)	While at Not while	HOW DID INJURY OC	CUR?		
INJURY	m.	work at work				
22 I contifu that	I took shares of the remo	ains described above, held an A	Institution It	Inquire T th	oracon und	from the evidence
obtained by 83	id Autonsy. Inspection of	or Inquiry, find that said dece	ased died on the day state	d above, and dea	th in mu	oninion resulted
from: natura	l causes [], accident [, suicide , homicide ,	undetermined [].			
SIGNATURE	de	(Degree or title)	ADDRESS			DATE SIGNED
H lussos	nO Jesua	a Achty Michel 2	epenery - Drul	on his		4/7/5
23. BURIAL, CREM	TATION DATE THERE			OCATION (City, t	own, or count	y) (State)
REMOVAL Spe				Wear Cardo		
DATE REC'D BY		011001122 0011	24. FUNERAL DIRECTO			ADDRESS
REG. 4/5/	51 mx	D Janes	J. J. Framptom		ederalsh	ourg Md.
	1000	July 1	10.00	/		



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WATE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. NIARGIN RESERVED FOR BINDING

PLEASE

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3594

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0.1
Caroline MARYLAND	ned can	olene
OR give nearest town (In this place)	CITY (If outside corporate limits, write RURAL and give neared OR TOWN	st town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF // (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Lawerance Wolle	James DEATH april 1	2 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Speelly) Married	8. DATE OF BIRTH 9. AGE last birthday II under 1 year Months Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZ COUNTR	EN OF WHAT
13. FATHER'S NAME 1. Jones	14. MOTHER'S MAIDEN NAME Chaves	71
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, of unknown) (If yes, give wer or date of 226-12-1317	17. INFORMANT	
18. MEDICAS CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTER	VAL BETWEEN
W DENDADES ON CONDITIONS DIRECTED LEADING TO DEATH		AND DEATH
200 5 Immediate cause (a) Isulliple To	reclues - Stull him	nadeste
Antecedent cause(s)	Internal Commis	
Diseases or conditions, if any, (b)	Man Fraguette	
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 90 4	UTOPSY?
The state of the s		
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	Yes	
	(CITY OR TOWN) (COUNTY)	
PRIMARY FOR CONTRIBUTING OF Office hldg., etc.)		STATE)
CAUSE OF DEATH. INJURY FILES TIME (Month) (Day) (Year) Hour) INJURY OCCURRED	Rush Hellshow Parker 7	
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Rust Hellshoro Caroline 7	
CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 4 - 12 - 961-9m. While at work at work	Coul Helshow Caroline 7. Coulling with P. R. Diain	STATE)
CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) NJURY OCCERRED (While at work) OF INJURY 4 - 12 - 96 - 9m. While at work 22. I certify that I took charge of the remains described above, held an A	Cust Hellshow Caroline 7. WOW DID INJURY OCCUR? Collission with P. R. Diacu Autopsy Inspection Inquiry thereon and from the	oc evidence
CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCERRED (While at Not while at work 22. I certify that I took charge of the remains described above, held an A obtained by said Autonsy. Inspection or Inquiry, find that said dece	Autopsy , Inspection , Inquiry thereon and from the	oc evidence
CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) NJURY OCCERRED (While at work) OF INJURY 4 - 12 - 96 - 9m. While at work 22. I certify that I took charge of the remains described above, held an A	Autopsy [], Inspection [], Inquiry [] thereon and from the losed died on the day stated above, and death in my opinion undetermined [].	oc evidence
CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour Difference of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decensions in an arrow of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decensions in an arrow of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decensions in a cident by suicide homicide homicide said decensions. SIGNATURE (Degree or title)	Autopsy Inspection Inquiry thereon and from the cosed died on the day stated above, and death in my opinion undetermined ADDRESS DATE	ac evidence n resulted
CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) NJURY OF OF OF OR OTHER OR OF OR OTHER OR OF OR OTHER OR OF OR OTHER OR OTHER OR OTHER OR OTHER OR OTHER	Autopsy [], Inspection [], Inquiry [] thereon and from the losed died on the day stated above, and death in my opinion undetermined [].	ac evidence n resulted
CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) NJURY OF O	Autopsy Inspection Inquiry thereon and from the losed died on the day stated above, and death in my opinion undetermined ADDRESS DATE OF CREMATORY LOCATION (City, town, or county)	ac evidence in resulted
CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) NJURY OF OF OF OR OTHER OR OF OR OTHER OR OF OR OTHER OR OF OR OTHER OR OTHER OR OTHER OR OTHER OR OTHER	Autopsy Inspection Inquiry thereon and from the losed died on the day stated above, and death in my opinion undetermined ADDRESS DATE OF CREMATORY LOCATION (City, town, or county)	ac evidence in resulted (State)



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3595

1. PLACE OF DEAT			2. USUAL RESIDENCE (COUNTY
U	aroline	MARYLAND	Maryla	nd Ca	roline
OR give neares	corporate limits, write RURA t town) eston — Rural	LENGTH OF STAY 18 years	II ∩D	rete limits, write RURA on - Rural	L and give neerest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R Noon Hamao		STREET ADDRESS Nea:	r Hynson	cetion)
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Mo	onth) (Day) (Year)
DECEASED (Type or Print)	Ida	F.	Meeds	OF DEATH AP	oril 20 151
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWEC	Nov. 19,1870	9. AGE last birthday 80 vrs.	If under 1 year If under 24 hrs. Montha Days Hours Min.
done during most of	PATION (Give kind of work) working life, even if retired) BWOTK	10b. KIND OF BUSINESS OR INDUSTRY Home	Queen Anne Co.	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
George	e Jewell		Emmaline For	rd	
15. WAS DECRASED E	EVER IN U.S. ARMED FORCES		17. INFORMANT		34.0
(Yes, no, or unknown)	(If yes, give war or dates of service)	None	Mrs. Melvin W.	Williamson,	Preston, Md.
		18. MEDICAL CE	RTIFICATION		A CONTRACTOR OF STREET
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		///	4 000		1 4
Immedia	te cause (a)	Myorusaul	is Chroni	C	6 mor
Diseeses or	ent cause(s) conditions, if any, (b)	Alterio Dole	Losis Gil	re LAR.	192
93d stating the	to the above cause underlying cause last				
Conditions contrib	TCANT CONDITIONS tuting to the deeth but not				
	see or condition causing deet				1 00 ATTO DOVO
198. DATE OF OPE	ERATION 198. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CA	TIOP WAS I DIA	CF (Hama farm funtament	(CITY OR	TOWN)	OUNTY) (STATE)
PRIMARY OR C CAUSE OF DEAT	ONTRIBUTING OF	CE (Home, farm, factory, street, office hldg., etc.) IRY			COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OF	CCUR?	
22. I certify that obtained by sa from: naturo SICHATURE	I took chorge of the remaid Autopsy, Inspection or a causes . occident	ins described obove, held an A Inquiry, find that said dece , suicide [], homicide [], (Degree or title) Language of Cemete Name of Cemete 1951 Chesterfiel	ased died on the day state undetermined ADDRESS ADDRESS RY OR CREMATORY d Cemetery	Alman M. LOCATION (City, town Centreville,	DATE SIGNED A 4/2/57 Ger county) (State)
REG. 4 12 2/			J. J. Framptom		ADDRESS leralsburg. Md.
9/122/3	5-1 Comolie	1 N. Ples and mass.	19. 9. LISTIPLOID	and pont, red	retarpoints, d.

REGETATION APR 24 1951
BUREAU V. S.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3596

CERTIFICATE OF DEATH

						-17	
1. PLACE OF DEAT COUNTY	aroline		2. USUAL RESIDENCE (HOME) OF DECEAS	ED. COUNTY		
		MARYLAND	Delawar	eSu	COUNTY		
OR give peares	corporate limits, write RUR	AL and LENGTH OF STAY	CITY (Il outside corpor	rate limits, write RUR.	AL and give	neares	st town)
TOWN Fed	eralsburg - Rur	al 12 indays place)	OR TOWN M	ilford			
HOSPITAL OR			STREET	(If rural, give l	ocation)		
INSTITUTION O	ess Near Missi	non	ADDRESS		,		~
3. NAME OF	(First)	(Middle)					
DECEASED	Rena	G _	Pepper	4. DATE (M	lonth)	(Day)	
(Type or Print)				DEATH A		21	1951.
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under I	year	If under 24 brs
Female	White	WIDOWED, DIVORCED, (Specify) Married	July 25.1878	72 vm.	Months	Days	Hours Mln.
	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		1 12.	CITIZE	EN OF WHAT
done during most of	working life, even If retired)	INDUSTRY Home	Sussex County		TÇ	ETIMO	YT
Housewo		поще	114. MOTHER'S MAIDEN		1 0	00.01	. •
I PATHERO MAI	****						
	riah Bailey		Emma William				
	EVER IN U.S. ARMED FORCES (If yes, give war or dates of		17. INFORMANT AND	ADDRESS			
No No	service)	1 222-05-1110	Mrs. Clarence	Smith, Feder	alsbur	g, E	ld.
		18. MEDICAL CE	RTIFICATION		1		
I DISPLEES OF C	ONDITIONS DIRECTLY	I EADING TO DEATH					VAL BETWEEN
I. DISEASES OR C		4	/			ONSET	AND DEATH
T	4	chimic wyhich	- Ity herlune	m		2	- 4 +
Immedia	te cause (*)		4		/40+00000000000000000000000000000000000		
X40, Vantecede	ent cause(s)	Fraction hip.				-	
Diseases or	conditions, if any, (b)	Traceun up.				5	2dys.
giving rise	to the above cause underlying cause last	/					
. It so meaning and	The state of the s	general arter	in a classia			2	4. +
II OTHER SIGNIE	(c) ICANT CONDITIONS	your war	Co /c Carried				00-
Conditions contrib	uting to the death hut not						
	ase or condition causing deat						
		INDINGS OF OPERATION				20. Al	UTOPSY?
march 6	-195 1 7	action right fl	nun.			Yes	□ No □
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	(CITY OR	rown), ((COUNTY)		STATE)
SUICIDE HOMICIDE	recident INJU	office bldg., etc.)	near mul	Lord Auga	rex		10,0
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?			
OF INJURY Fel	25 1951 m.	While at Not While Work At work	7 ell out La wo	un who has	1 helle	1.1	
	. , ,			1	-		madelly.
22. I hereby cert	tify that I attended the	deceased from april 2	0 1051 to april	2/ 105 that	T lost so	w the	1
alive ona	1 195 an	d that death occurred at	11 a. m. from the	causes and on the	date sta	ted al	20170
SIGNATURE	n in	(Degree or title)	ADDRESS			DAT	E SIGNED
_/	Youl Heroth	and.	10 7	n. 1	abil		
0	ray man		hylulon)	wa	april.		1951
23. BURIAL, CREM			RY OR CREMATORY I	OCATION (City, tow	n, or county)	(State)
REMOVAL (Spe	city) April 24	1951 Odd Fellows	Cemetery	Milford, De	laware		
DATE REC'D BY			24. FUNERAL DIRECTO				RESS
REG.	1951 5.J.F	or a most am			no laba		Md.
april 23	1751 0 0 1	Courte to tottl	J.J. Framptom a	da Son, rede	Tarzon	5,	



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

. 3597 Reg. Dist. No. 62

I. PLACE OF DEATH COUNTY Car of he MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Egnal :
CITY (If outside corporate limits, write RURAL and OR give newtest form) 60 for TOWN MARYLAND LENGTH OF STAY (in) this place)	CITY (If outside orporate limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	TOWN /7 C. O O/CA STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED Joyce TRavers Wo	Lest) 4. DATE (Month) OF DEATH 1915	(Day) (Year) 22 19
6. SPX 6. COLOR OR BACE WIDOWED, DIVORCES (Specify)		r 1 year If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done dotter most of working life, events retired) INDUSTRY		COUNTRY OF WHAT
13. FATHER'SNAME For Workers	14. MOTHER'S MAIDEN NAME Traver	b
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Sadie Wolling	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)		10-19101
Immediate cause 526 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (a) Hemon Type Branchiee	Taxis	year
8 / stating the underlying cause last		/
II. OTHER SIGNIFICANT CONDITIONS	7	
Conditions contributing to the death but not related to the disease or condition causing death.	e sparse paracyois	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No 2
SUICIDE OF office bldg., etc.) HOMICIDE INJURY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	2, 19 7, to 2 12, 19 7, that I last	saw the deceased
alive on 122, 1977, and that death occurred at	ADDRESS from the causes and on the date s	tated above.
SIGNAPURE (Degree or title)	Encen have that	Y/23/J7
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 4/25/51	RY OR CREMATORY LOCATION (City, town, or coun	nty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4/25/5/ 2m & D. Lucy C.	24. FUNERAL DIRECTOR Selles Clark	ADDRESS Z
		- July

3807

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	,
Catalul MARYLAND	Mesensed Car	alue-
CITY (If outside corporete limits, write RURAL and CR give nearest town) TOWN LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Aliddle)	(Last), 4. DATE (Month)	(Day) // (Year)
(Type or Print)	Original DEATH (GRE)	14- 1951
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED, (Specify)		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CHIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Hear Deutonia Wai!	Coupley
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME	11
Fred, Jawes	Jozama Stevens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Halfle Might Son	- Rd-
18. MEDICAL CER	RTIFICATION	hutter
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
120	7.00	92
Immediate cause (a)	us chrone	8 mos
930 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Chonie	7-900-
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition ceusing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work	12 0/ : 1	
22. I hereby certify that I attended the deceased from Dec.	, 1949., tollpan 1.4, 1951., that I last sa	w the deceased
alive on 4/14 , 1951, and that death occurred at		ted above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Huson O Leag mis	Dular mo	4/18/51
23. BURIAL, CREMATION DATE THEREOF, NAME OF CEMETER REMOVAE (Specify)	RY OF CREMATORY LOCATION (City, town, or count,	y) (State)
DATE REC'D BY LOCAL FAGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
- 4/18/3/ Phos george	y negu mearl from	1 Declar

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

S. A15

PLEASE

